



## Flag Football Registration Form



Parent or Adult participants' name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Participants Name:	Date of Birth:	Program Name	T-Shirt Size	Fee
Total Fee				

Method of ☐ Cash

☐

Check #:

\_\_\_\_\_

☐

Credit Card

### Payment

Method of Payment	All major Credit Cards accepted	Make Checks payable to:
Credit Card #:	Expiration date:	
Cardholder's Signature: _____		

Mail or Drop off at:

2731 Oak Street, Fort Myers Fl, 33931

Phone or Fax in (credit card only)

239-765-4222 Fax: (239) -765-6445